

Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 3 calendar days for priority items, 10 days for priority foundation items (8-405.11) or 90 days for core items (8-406.11).

| Food Establishment Inspection Report Page 1 of 2 | | | | | | | | | | | | | | | | |
|--|--|--|--|--|----------|--|--|-----------------------------------|------|---|---------------------------------------|--|---|--------------------|--|----------|
| Delaware Division of Public Health | | | | | | | No. of Risk Factor/Intervention Violations Date 2/5/ | | | | | | | | | 12 |
| Office of Food Protection | | | | | | | No. of Repeat Risk Factor/Intervention Violations 0 Time In 9.3 | | | | | | | | | |
| 417 Federal St., Dover, DE 19901 2 40 Chapman Fred. | | | | | | | | 222000 | | | Score (| optional) | | Time Out / | 0.50 | 2 |
| Sort sta FS Si Ves Williams - Nevert | | | | | | | | City/State Zip Code 1976 2 (30) | | | | | | | 2-9 | 20 |
| | License/Permit # Ungermand Permit Holder () | | | | | | | Purpose of Inspection Est. Type R | | | | | | Risk Ca | tegory | OF. |
| DONE Residence Lan Miles Routing | | | | | | | 7 0 | 16- | E | 127 | | | | | | |
| | FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | | | | | | | | | | | | | | |
| Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R | | | | | | | | | | | | | | | | |
| IN=in compliance OUT=not in compliance N/O=not observed N/A=r | | | | | | | abl | | | | S=corrected on-site | during inspe | ection | R=repeat | the same of the sa | |
| Compliance Status Compliance Status Compliance Status Proper disposition of returned, previously served, | | | | | | | | | | | cos | R | | | | |
| | | | | sent, demonstrates knowledge, | Т | T | Н | 17 IN | 1 OU | IT | reconditioned & u | | | lously served | " | |
| 1 IN | OUT | | and performs duties | sent, demonstrates knowledge, | | | | | | | Time/Temperatu | | THE RESERVE | ety | | |
| 2 IN | OUT N/A | | Certified Food Protect | tion Manager | | | | | | T N/A N/O | Proper cooking ti | me & tempe | eratures | s | | |
| | | - | Employ | ee Health | | | | | | T N/A N/O | Proper reheating | procedures | far hol | holding | | |
| 3 IN | OUT | | | mployee and conditional employee; | | | | | | T N/A N/O | Proper cooling tir | | *************************************** | e | | |
| 4 IN | OUT | | knowledge, responsit | | \vdash | | | - | | T N/A N/O | Proper hot holdin | | | | | _ |
| 5 IN | | | Proper use of restrict | ding to vomiting and diarrheal events | | | | | | T N/A N/O | Proper cold holdi Proper date mark | | | 3 | | |
| 0 | | | The second secon | onic Practices | - | | | - | | T N/A N/O | Time as a Public H | | | | ds | |
| 6 IN | OUT | N/O | | g, drinking, or tobacco use | I | | | | | | | er Advisor | THE REAL PROPERTY. | | tricks his | |
| | | | No discharge from ey | es, nose, and mouth | | | | 25 IN | 1 00 | T N/A | Consumer advisor | | | | od | |
| | Preventing Contamination by Hands | | | | | | | | | | Highly Suscep | tible Popu | lations | | - | |
| 8 IN | OUT | N/O | Hands clean & prope | rly washed | | | | 26 11 | 1 OU | T N/A | Pasteurized foods | | | | d | |
| 9 IN | OUT N/A | N/O | | t with RTE food or a pre-approved | | | | 27 18 | LOU | T N/A | d/Color Additive | Carrie of the Control | The second second | | | - |
| 10 IN | OUT | | Adamete bandwashing | sinks properly supplied and accessible | \vdash | | | | | IT N/A | Food additives: a Toxic substances | (1) | | 530 | 4 | \dashv |
| 10 | | | THE RESERVE THE PERSON NAMED IN COLUMN 2 I | ed Source | - | | | | | | onformance with | | | | | |
| 11 IN | OUT | | Food obtained from a | approved source | T | | | 29 IN | 1 OU | T N/A | Compliance with v | Alternation | | - PRICASIN | р | |
| 12 IN | OUT N/A | N/O | Food received at proj | per temperature | | | 1 | | | | | | | | | |
| 13 IN | INI OUT | | Food in good condition, safe, & unadulterated | | | | | | Diel | atified as the s | and I | | | | | |
| 14 IN OUT N/A N/O | | N/O | Required records available: shellstock tags, | | | Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health | | | | | | | | | | |
| | parasite destruction Protection from Contamination | | | | | | interventions are control measures to prevent foodborne illness or injury. | | | | | | | | | |
| 15 IN OUT N/A N/O Food separated and protected | | | | | | | | | | | | | | | | |
| | OUT N/A | | | es; cleaned & sanitized | | | | | | | | | | | | |
| | | | 115 | GOOD R | ETA | AL. | PR | ACT | CE | S | | | | | | |
| Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. | | | | | | | | | | | | | | | | |
| Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation cos R | | | | | | | | | | | | | | | | |
| | | - | Cuta Face | description of the second | Tuon | PK. | | | _ | V 1 | Proper He | se of Utens | ile | | cos | R |
| 30 | I p- | eteri | rized eggs used where | d and Water | 1 | | | 43 | Т | Indicad | tensils: properly s | HERVELS AND THE PROPERTY OF | 1113 | | T T | |
| 31 | | | ice from approved s | | | | | 44 | | | equipment & linen | | tored d | ried & handle | ed | |
| 32 | 100 | - | | lized processing methods | | | | 45 | | THE PARTY NAMED IN COLUMN | se/single-service ar | The state of the s | | | | |
| | 11 (2) | | Food Tempe | erature Control | | | | 46 | | Gloves | used properly | | | | | |
| 33 | 185 | | 5050 Vil. 5500 | d; adequate equipment for | | | | | _ | - | Utensils, Equip | | | 16 | - | |
| | | | ature control | | | - | | 47 | | | non-food contact | | | 1 | | |
| 34 35 | | | od properly cooked fo | | \vdash | - | | 48 | - | | designed, constru | | | ne one produce and | | - |
| 36 | | Approved thawing methods used Thermometers provided & accurate | | | | | 49 | \vdash | | shing facilities: insta d contact surfaces | | ned, & u | sed; test strip | 5 | - | |
| H | Food Identification | | | | 11 | - | | | | 11.1011-100 | | al Facilities | | | | |
| 37 Food properly labeled; original container | | | | | | | | 50 | Т | Hot & co | old water available | ; adequate | pressu | re | | |
| Prevention of Food Contamination | | | | | | 711 | | 51 | | Plumbin | g installed; proper | backflow d | evices | | | |
| 38 | | Insects, rodents, & animals not present | | | | | | 52 | | 7 | & waste water pro | No. of the last of | | | | |
| 39 | | Contamination prevented during food preparation, storage & display | | | - | | | 53 | - | | cilities; properly co | | | | | |
| 40 | | Personal cleanliness Wining cloths: properly used & stored | | | | | | 54 55 | - | The state of the state of | & refuse properly | | The same of | | | - |
| 42 | | | | | | | 56 | | | facilities installed e ventilation & ligh | | | | | | |
| Person in Charge (Signature) Date: 2/5/20 perdoing. | | | | | | | | | | | | | | | | |
| | | | | 1571-047 | | | | E | ollo | W-Up. | YES NO (Circle | le one) Fo | How-u | Date: | | |
| Inspector (Signature) NCC E FSTF 047 Follow-up: (YES) NO (Circle one) Follow-up Date: | | | | | | | | | | | Jaco. | _ | | | | |



| Inspection Report Page of | | | | | | | | |
|---------------------------|---|--------------------|--|--|--|--|--|--|
| Health S | ral St., Dover, DE 19901 340 Changes Rd La we had ted | Date <u>2/5/20</u> | | | | | | |
| Establish | nent to Suiks Winnest Newert Newert DE Zip Code | Telephone 9200 | | | | | | |
| 200, 2 | OBSERVATIONS AND CORRECTIVE ACTIONS | 397 733 70 0 | | | | | | |
| Item Number | | | | | | | | |
| | The Health Dept was here on this date to | G | | | | | | |
| | packne inspection. Alte reviewing information | all | | | | | | |
| | the manager, it was determined that the | acstry | | | | | | |
| | is operating without a permit. The tackty | , for 5 | | | | | | |
| | under gone a change of ownership witho | u+ | | | | | | |
| | nothering the Delawere Division of Public A | 1- 14 (DP41) | | | | | | |
| | All changes of ownership require doce | mentation | | | | | | |
| | and approval to operate by the DPH price. | - b | | | | | | |
| | operation. | | | | | | | |
| | This facility is closed until docume | Lation | | | | | | |
| | is congleted and approved to reopen is | granted. | | | | | | |
| | given to management on this date. | on was | | | | | | |
| | given to management on this date. | | | | | | | |
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| | | | | | | | | |
| Person in C | charge (Signature) + Date: | 112120 | | | | | | |
| Inspector (| Signature) NOC - 7 1/571 - 047 Date: 2 | 112/20. | | | | | | |